

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

738
12

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2710a N. Market St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Catherine Reimers.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred C. Reimers 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased About 1869.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 72 hr. min.

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

12. Name Unknown.
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown.
15. Birthplace Unknown.
(City, town, or county) (State or foreign country)

16. (a) Informant Fred C. Reimers.

(b) Address 2710a N. Market St.

17. (a) Burial (b) Date thereof 1-5-42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director By, Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JAN 2 1942 (b) J. F. Bruck
(Date received from informant) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 080
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 2710a N. Market St. (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1
year 1942 hour 7:15P. minute..... M.

21. I hereby certify that I attended the deceased from.....
1927 to January, 1941
that I last saw her alive on January 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Nephritis Duration 4 years

Due to Arterio Sclerosis 5 years

Due to.....

Other conditions Cholelithiasis 6 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Am. Kroll (M. D. or other)
Address 2704 Cass St. Date signed 1/5/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Krall.
2704 Cass Ave.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed John P. Bushholz
Licensed Embalmer No. 1674
P. O. Address 3228 St. Louis Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.